Film#G164 Item# 7 4/22/54 emf 3715

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03714 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY HOWARD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAVAGE RURAL
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GORMAN Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PA. COUNTY BERKS
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN WEST READING
STREET ADDRESS (If rural, give location) 213 CHESTNUT ST

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) A (Last) BOWERS

4. DATE OF DEATH (Month) 4 (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-9-1935

9. AGE last birthday: 18 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): ATTENDANT

10b. KIND OF BUSINESS OR INDUSTRY: SERVICE STA

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HARRY L BOWER

14. MOTHER'S MAIDEN NAME: MARY YOST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: HARRY L BOWER, WEST READING PA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) BULLET WOUND IN LEFT TEMPLE — Interval Between Onset and Death: INSTANT
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 3 TRANSVERSE SMALL LACERATIONS OF LEFT WRIST

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDING OF OPERATION: NONE

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY GORMAN ROAD

21c. (City or town) NEAR SAVAGE (County) HOWARD (State) Md.

21d. TIME OF INJURY (Month) 4 (Day) 9 (Year) 1954 (Hour) 10 A.M. 35

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Deceased SHOT SELF IN LEFT TEMPLE WITH 22 Cal. RIFLE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Dunlop M.D.
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 4/13/54
NAME OF CEMETERY OR CREMATORY FORREST HILL
LOCATION (City, town, or county) (State) READING, PA.

DATE REC'D BY LOCAL REG. Apr 10, 1954
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR F. C. HIGINBOTHOM, ELLICOTT CITY
ADDRESS Md

RECEIVED
APR 19 1954
BUREAU V. S.

08525

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
LENGTH OF STAY (in this place): 2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Mt. Airy
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HENRY HERBERT CRABB
4. DATE OF DEATH (Month) (Day) (Year): April 30, 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 7-17-1881
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): day laborer
10b. KIND OF BUSINESS OR INDUSTRY: misc.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Crabb
14. MOTHER'S MAIDEN NAME: Margaret Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Rosie I. Crabb, R.D. Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Cerebral Hemorrhage — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular disease — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Howard Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1951, to April 30, 1954, that I last saw the deceased alive on Apr. 29, 1954, and that death occurred at 8.05 A.m., from the causes and on the date stated above.

SIGNATURE: J Stanley Grabill (Degree or title) M.D. ADDRESS: Mt. Airy, Md DATE SIGNED: 4/30/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 5-3-1954
NAME OF CEMETERY OR CREMATORY: Poplar Springs
LOCATION (City, town, or county) (State): Howard Co., Md.

DATE REC'D BY LOCAL REG.: May 2-
REGISTRAR'S SIGNATURE: E. Pearl Mercier
24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3716 CERTIFICATE OF DEATH

03715 Reg. Dist. No. 190

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge (Rural) LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓ X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) DUBBS (Last)

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 11 - 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS: Ethel DUBBS - Elkridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Myocardial Insuff — Interval Between Onset And Death: 6 mo

DUE TO Decompensation

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General arteriosclerosis — 5 yrs

DUE TO

(c) Arterial Hypertension — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to Apr 10, 1954, that I last saw the deceased alive on Apr 9, 1954, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D.B.B. Baumbaugh ADDRESS 5609 Main St. Elkridge DATE SIGNED 27 Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 12/54
NAME OF CEMETERY OR CREMATORY Pleasant Grove
LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REGISTRAR April 19 1954
REGISTRAR'S SIGNATURE (Miss) E. Bird Williams
24. FUNERAL DIRECTOR Edward A. Tipton, Hampstead Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03716

3717 CERTIFICATE OF DEATH Reg. Dist. No. 195

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ellicott City
LENGTH OF STAY (In this place) 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ellicott City, Md.
STREET ADDRESS (If rural give location) Guilford Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) SAMUEL THOMAS ECKER

4. DATE OF DEATH: (Month) (Day) (Year) Apr. 21st, 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: 1-12-1871 | 9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Gen. Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel B. Ecker
14. MOTHER'S MAIDEN NAME: Martha Leakin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Samuel E. Ecker Ellicott City RF. 1 Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Cerebral Haemorrhage	2 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chr. Hypertensive Cardio-Vascular Disease	2 yrs.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1st, 1954, to April 21st 1954, that I last saw the deceased alive on 4/21/54, 19..., and that death occurred at 7:15 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Mark Shipley M. D.
ADDRESS Savage, Md.
DATE SIGNED 4/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-25-54
NAME OF CEMETERY OR CREMATORY Christ Church Cem.
LOCATION (City, town, or county) Guilford Howard Co. (State)
DATE REC'D BY LOCAL REGISTRAR 4/23/54
REGISTRAR'S SIGNATURE Mark Shipley
24. FUNERAL DIRECTOR ADDRESS Easton Sons Ellicott City, Md

M
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MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VS. A15

RECEIVED
APR 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03717

3718 CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
LENGTH OF STAY (in this place) 60 yrs +
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Edward (Last) Fewell
4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: August 30 1863
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Edward Utterback
14. MOTHER'S MAIDEN NAME: Elizabeth Catherine Downs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Family records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Ac. Congestive Cardiac Failure — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-Vas. Disease — 3 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to April 27 1954, that I last saw the deceased alive on 4/26/54, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED 4/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/29/54
NAME OF CEMETERY OR CREMATORY Linden Church Hill Cem.
LOCATION (City, town, or county) (State) Linden, Va.

DATE REC'D BY LOCAL REGISTRAR 4/28/54
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1954
BUREAU V. S.

Film #G165 Item # 7
5/7/54 emf

3719

03718

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 1 one mile south of Elkridge

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY PA.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glenburnie
STREET ADDRESS (If rural, give location) Box 357 Marley Park

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) GLOYD (Last) HOUCK
4. DATE OF DEATH (Month) (Day) (Year) 4-29-54 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 6-30-34
9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balt Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Gloyd Houck S.R.
14. MOTHER'S MAIDEN NAME: Theresa Marie Kroener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Robert G Houck Box 357 Marley Park PA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
816x
Immediate cause (a) Fracture of skull at base and fracture of 2nd, 3rd
DUE TO 4th, cervical veterbrae
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
21c. (City or town) Elkridge (rural) (County) Howard (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-29-54 3.15 A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? north bound car crossed into south bound lane and struck car

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. B[illegible] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5/3/54
NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery
LOCATION (City, town, or county) Ritchie Highway (State) Md
DATE REC'D BY LOCAL REG. May 1st 1954
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR David R Martin
ADDRESS 1902 Eutaw place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH 03719

2411 N. Charles Street, Baltimore

3720

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Ho
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Columbia Rd.

3. NAME OF DECEASED (Type or Print)	(First) James H. (Harry)	(Middle) Myers	(Last) ~~(Harry)~~	4. DATE OF DEATH	(Month) April (Day) 29 (Year) 54
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 9, 1879	9. AGE last birthday 74 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Yardmaster	10b. KIND OF BUSINESS OR INDUSTRY B&O	11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Phillip Myers		14. MOTHER'S MAIDEN NAME Mary Gregory			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs Evelyn Bevans, Columbia Pike Ellicott City			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) CORONARY THROMBOSIS — 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIO SCLEROSIS GENERALISED — Many years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PNEUMONIA Broncho Bi Lateral Base — 2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1st, 1954, to April 28th, 1954, that I last saw the deceased alive on 4/28, 1954, and that death occurred at 8:30 p.m. 4/29/54 from the causes and on the date stated above.

SIGNATURE Cliff Ralliff J. (Degree or title) M.D. ADDRESS 4605 Edmondson ave DATE SIGNED 5/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 3/54	NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery	LOCATION (City, town, or county) (State) Baltimore Md.
DATE REC'D BY LOCAL REG. May 4, 1954	REGISTRAR'S SIGNATURE John B Loughran Per. B.E.L.	24. FUNERAL DIRECTOR Harry H. Wintzfe	ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 7 1954
BUREAU V.

3721 03720

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey (rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 1 at Meadowridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Philadelphia 36
STREET ADDRESS (If rural, give location) 3140 Weston St.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) N (Last) PAPPAS

4. DATE OF DEATH (Month) 4-28-54 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-7-1909

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Resturant Owner

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nicholas G. Pappas

14. MOTHER'S MAIDEN NAME: Anetta Kotseras

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 2

16. SOCIAL SECURITY No.: 179-07-6084

17. INFORMANT & ADDRESS: Thomas Pappas, Philadelphia, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

816 X

Immediate cause (a) Compound fracture of skull rt. temporal region — INTERVAL BETWEEN ONSET AND DEATH: Instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway

21c. (City or town) near Dorsey (County) Howard (State) Md

21d. TIME OF INJURY (Month) 4-28-54 (Day) (Year) 1 P (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Attempting to pass so. bd. car struck nt. bd. tractor and trailer

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgtorf M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 5-3-54

NAME OF CEMETERY OR CREMATORY East Cedar Hill

LOCATION (City, town, or county) Philadelphia, Pa. (State)

DATE REC'D BY LOCAL REG. 4-29-54

REGISTRAR'S SIGNATURE John B. Loughran Per B.E.L. (Miss) E. Bird Williams Registrar 4-30-54

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

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03721
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY: Howard — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dorsey (rural)

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt. 1 at Meadowridge Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Penna. COUNTY:

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Philadelphia 36

STREET ADDRESS (If rural, give location): 3140 Weston St. ✓

3. NAME OF DECEASED (Type or Print): (First) LILLY (Middle) N. (Last) PAPPAS

4. DATE OF DEATH: (Month) 4-28-54 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-21-1921

9. AGE last birthday: 33 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Penna. Co. Bank

11. BIRTHPLACE (State or foreign country): Philadelphia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herbert N. Rainey

14. MOTHER'S MAIDEN NAME: Sadie Kenny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — **(If Yes, give war or dates of service)**

16. SOCIAL SECURITY NO.: 167-16-6637

17. INFORMANT & ADDRESS: Sadie Rainey, Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 816X: Fracture at base of skull and right maxilla — INTERVAL BETWEEN ONSET AND DEATH: Instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last: (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Multiple fractures

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY: Highway

21c. (City or town) (County) (State): near Dorsey Howard Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-28-54 1P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Attempt to pass So. Bd. car struck Nt. Bd. tractor and trailer

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☑, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: George C. Bungtop — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D. — DATE SIGNED: 4-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-3-54

NAME OF CEMETERY OR CREMATORY: East Cedar Hill

LOCATION (City, town, or county) (State): Philadelphia, Pa.

DATE REC'D BY LOCAL REG.: 4-29-54

REGISTRAR'S SIGNATURE: John B. Laughman

24. FUNERAL DIRECTOR ADDRESS: F. C. Higinbothom, Ellicott City, Md.

Pro. B. & D. Prince E. Bird Registrar 4-30-54

RECEIVED
MAY 3 1954
BUREAU V. S.

05640

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3723

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Springs
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Springs
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) Francis (Last) Phillips

4. DATE OF DEATH (Month) April (Day) 16, (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 5, 1895

9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nimrod Phillips

14. MOTHER'S MAIDEN NAME Laura Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Dorothy Phillips - Mt Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Thrombosis	30 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerosis	8 yrs.
	(c) Myocardial Infarction	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Asthma — 6 mo

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1951, to Apr. 16, 1954, that I last saw the deceased alive on Apr. 5, 1954, and that death occurred at 9:40 A.m., from the causes and on the date stated above.

SIGNATURE J Stanley Grabill (Degree or title) M.D. ADDRESS Mt Airy - Md DATE SIGNED 4/16/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Apr. 19, 1954

NAME OF CEMETERY OR CREMATORY Springfield

LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md ADDRESS Luther H. Haight

Inst - Wid

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
JUN 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3724 CERTIFICATE OF DEATH

Reg. Dist. No. 03722 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN ELKRIDGE — LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5502 MAIN ST

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKRIDGE
STREET ADDRESS (If rural give location) 5502 MAIN ST

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) T. (Last) PITZINGER JR

4. DATE OF DEATH: (Month) Apr (Day) 22 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: July 26 1900

9. AGE Last birthday: 53 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Sub-Contractor

11. BIRTHPLACE (State or foreign country): Elkridge Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Pitzinger

14. MOTHER'S MAIDEN NAME: Mary E Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-01-4300

17. INFORMANT & ADDRESS: George R. Lilly 5502 Main St Elkridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X
Immediate cause (a) Heart failure, congestive

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Carcinoma of lung, squamous cell, one month after pneumonectomy

DUE TO

(c)

Interval Between Onset And Death: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/25/1954

19b. MAJOR FINDINGS OF OPERATION Carcinoma of lung, Pancoast syndrome

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22, 1954, to 4/22, 1954, that I last saw the deceased alive on 4/21, 1954, and that death occurred at 7 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jas E.J. Hopkins M.D. ADDRESS 104 W. Main St DATE SIGNED 4/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Apr 24/54 — NAME OF CEMETERY OR CREMATORY Grace P.E. Church — LOCATION (City, town, or county) (State) Elkridge Md

DATE REC'D BY LOCAL REGISTRAR April 23, 1954 — REGISTRAR'S SIGNATURE (Miss) E. Bird Williams

24. FUNERAL DIRECTOR Henry W. Jenkins & Sons Co — ADDRESS 4905 York Rd

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BUREAU V.

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5/11/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3725 CERTIFICATE OF DEATH

03723

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fulton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fulton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) JENKINS (Last) SPENCER

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 26, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months, Days IF UNDER 24 HRS. Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Examiner Patent Office, U.S.Gov't.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Jenkins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) Span. Am. War.

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Miss Marie T. Spencer, Fulton, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 423.1 (a) Coronary thrombosis — Interval Between Onset And Death: 2 d.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 y.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1954, to 4-21, 1954, that I last saw the deceased alive on 4-21, 1954, and that death occurred at 5:05 p.m., from the causes and on the date stated above.

SIGNATURE Wm. R. Bunge (Degree or title) M.D. ADDRESS 320 Montgomery St Laurel Md. DATE SIGNED 4-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/24/54
NAME OF CEMETERY OR CREMATORY St. Lewis Cenetery
LOCATION (City, town, or county) (State) Clarksville, Maryland

DATE REC'D BY LOCAL REGISTRAR Apr 30, 1954
REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

RECEIVED
MAY 3 1954
BUREAU V. S.

Film#G164 Item# 13,14 4/12/54 emf

03724

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3726 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLTH UNFADING INK. Every item of information should be carefully supplied. correct age is especially imt. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Annie Mae Vaughn

2. DATE OF DEATH: 4/4/54

3. PLACE OF DEATH: ~~Baltimore City~~, Maryland: Howard Jessup, Rural

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Howard

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenbriar Farm

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jessup, Rural

D. STREET ADDRESS (If rural, give location): Greenbriar Farm

c. Length of stay in ~~Baltimore~~ Md.: 3 Yrs. ~~Mos. Days~~

5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 1901 | 9. AGE (In years last birthday): 53 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): U. S. | 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elbert Spears

14. MOTHER'S MAIDEN NAME: Lucinda Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Claude Vaughn ADDRESS: Jessup, R.#3

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few min.

DUE TO

(B) Hypertensive Cardio-Vascular disease — 2 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: ✓ | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II | 20. AUTOPSY? YES ☐ NO ☐

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/1/52, 19__, *to* 4/4/54, 19__, *that I last saw the deceased alive on* 3/31/54, 19__ *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Frank S. Shipley M. D. | 23B. ADDRESS: Savage, Md. | 23C. DATE SIGNED: 4/5/54

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 4-7-54 | 24C. NAME OF CEMETERY OR CREMATORY: Savage | 24D. LOCATION (City, town, or county) (State): Savage, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 4-6-54 | REGISTRAR'S SIGNATURE: A W Hedrick | 25. FUNERAL DIRECTOR: H. C. Register & Sons | ADDRESS: Ellicott City, Md.

Film#G164 Item# 7 4/22/54 emf

3727

03725

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Howard — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — Rural

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 40 1/4 mile east of St. Johns Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE W.Va. COUNTY Preston

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brandonville

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	LAWRENCE	WILYARD	April 12 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Nov. 1917	36 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Lumber	Saw Mill	West Virginia	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	233-34-2633	Mrs. V.L. Wilyard, Brandonville, W. Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Compound Depressed fracture of skull in left frontal region — INTERVAL BETWEEN ONSET AND DEATH: Instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of left femur and multiple lacerations

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway	21c. (City or town) Ellicott City	(County) Howard	(State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-12-1954 10 P M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR? Drove pick up truck inside of trailer		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burford M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 4-12-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-16-54	Willett	Brandonville, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 14, 1954	John B. Loughran. Pub. H. & L.	F.C. Higinbothom, Ellicott City, Md	

VS. A15A - 5 - 53

RECEIVED
APR 20 1954
BUREAU V. S.